

found at: sosmt.gov/elections

## Declaration for Nomination and

| Filed this | day of     | ,20    |
|------------|------------|--------|
| Document # |            |        |
| Fee paid:  | cash check | credit |
| By:        |            |        |

| Oath of Candidacy  | IUN 17 2021   | FOR BY   | ee paid: cash check<br>r:<br>Deputy or Filing Officer   | credit                |
|--|---|--|---|-----------------------|
| DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETAR  | RY OF STATE OR COL  | JNTY ELECTION ADMIN  | ISTRATOR AS APPLICABLE  |                       |
| Filling for office of: Welghbarhoodoune  Full name of office including district and/or department of office of the original office including district and/or department of office of the original office office original original office original original original original origin | numbers if applicabl                                      | e Name of  | Political Party   | <b>OR</b> Nonpartisan |
| Candidate Name (printed exactly as it should appear on the ba  | allot): Six   | e Dic  | kenson  |                       |
| Mailing Address  | Ci  | ty and State   |   | Zip Code              |
| 620-Riverview Dr. E.   |   | Great F  | -alls, mT   | 59404                 |
| Residence Address  | C   | ity and State  |   | Zip Code              |
| same as above  |   |  |   |                       |
| County of Residence Contact Phone 453-5274   | Email Address Suedu                                       | ckenson684   | Website Address   |                       |
| IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST CO   | OMPLETE THE FOLLO   |  | -com  |                       |
| Lieutenant Governor Name (printed exactly as it should appear  | r on the ballot):   |  |   |                       |
| Mailing Address:   | Re  | esidence Address:  |   |                       |
| Phone: Email Address:  |   |  | Website Address:  |                       |
| IF THIS DECLARATION IS FOR THE <b>STATE LEGISLATURE</b> , YOU MUST SELE  | ECT ONE OF THE FOL  | LOWING:  |   |                       |
| (a) I hereby affirm that I am either a resident of the county legislative district if it contains all or parts of more than  (b) I hereby affirm that I will meet the residency qualification of the Secretary of State in writing when I qualify or if I of FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:   | one county, <b>OR</b> on(s) in (a)above f do not qualify. | or 6 months precedii   | ng the general election and will n  | notify the office     |
| Candidate Filing Fee, if applicable, in the amount of \$   |   | is hereby submitted  | with this Declaration and Oath o  | of Candidacy.         |
| OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A I hereby affirm that I possess, or will possess within constitution the United States and the State of Montana.  Signature of Candidate   |   | y deadlines, the qua   |   |                       |
| NOTARY PUBLIC OR AUTHORIZED OFFICER  |   |  |   |                       |
| State of Montana County of   | n   | by   | SUE DICKEN  | Son.                  |
| Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023  Where to file County, City and most Local District offices: County Election Office   | NOTA St. Residing a My Co. Se                             | Signature of N  NIE FOGERTY RY PUBLIC for the ate of Montana at Great Falls, Montana ommission Expires ptember 3, 2021 | Printed Name of Notary P<br>Notary Public for the State<br>Residing at:  My commission expires: | nhal                  |
| A list of county election offices may be   | SEAL/STAN   | IP   |   |                       |



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| F 9    | Ву:                      |        |
|        | Deputy or Filing Officer |        |

|   | Declaration for Nomination and  | N Document #  |                          |
|---|---|---|--------------------------|
|   | Oath of Candidacy PECEIN  | Donubu or Elling Offices  | credit                   |
| Filing for office of:   | OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OF | R COUNTY ELECTION ADMINISTRATOR AS APPLICABLE   | Nonpartisan              |
| Candidate Name (p   | printed exactly as it should appear on the ballot):   | Kathleen Gessama  | <b>\\</b>                |
| Mailing Address:  | treet or PO Box   | Great Falls   | 59404<br>Zip             |
|   | Street 36th Ave NE  |   |                          |
| County of Residence   | ce: <u>CaScade</u> Home/Mol   | oile Phone: 406-452-70 (Work Phone  | 452-7106                 |
| Email Address:  | rKkg. mt @gmail.com   | Website Address:  |                          |
| Mailing Address: _  | or Name (printed exactly as it should appear on the ballo   | Residence Address:  |                          |
| Phone:  | Email Address:  | Website Address:  |                          |
| (a) I hereby aff<br>legislative a<br>(b) I hereby aff<br>of the Secre | I IS FOR THE <b>STATE LEGISLATURE</b> , YOU MUST SELECT ONE OF THE<br>firm that I am either a resident of the county in which I am<br>district if it contains all or parts of more than one county,<br>firm that I will meet the residency qualification(s) in (a) all<br>etary of State in writing when I qualify or if I do not qualificated<br>ST BE PAID BEFORE FILING IS VALID   | n a candidate, if it contains one or more legislative of<br>OR<br>pove for 6 months preceding the general election an<br>y. | d will notify the office |
| Candidate Filing  | g Fee, if applicable, in the amount of \$   | is hereby submitted with this Declaration and O   | ath of Candidacy.        |
| I hereby affirm that<br>the United States of                          | recarding to the State of Montana.  The Candidate of Montana.  The Candidate of Montana.  |   |                          |
|   |   | Date  |                          |
| NOTARY PUBLIC OR A State of Montana County of Signed and sworn t      | ascadlard m   | 2001 by Kathleen G  | 958aman S                |

Printed Name of Candidate

Signature of Notary or Public Official

Where to file for Federal, Statewide, State District and Legislative offices: Montana Secretary of State

State Capitol, 2nd Floor, Room 260 PO Box 202801

Helena, MT 59620-2801

Online:

sos mt gov

406-444-2023 By Fax:

Where to file for County, City and most Local District offices:

County Election Office

A list of county election offices may be found at sos.mt.gov/elections

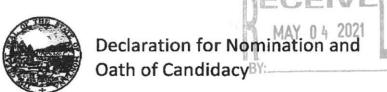
SEAL

BONNIE FOGERTY NOTARY PUBLIC for the State of Montana Residing at Great Falls, Montana My Commission Expires September 3, 2021

Printed Name of Notary Public

Notary Public for the State of

My commission expires:



| ځو                        | Filed thisday of         | ,20   |
|---------------------------|--------------------------|-------|
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| FOR FILING<br>DFFICE ONLY | Fee Paid: ash check_     | Credi |
| E 9                       | ву:                      |       |
|                           | Deputy or Filing Officer |       |

|  |  | - O By:_   |                                      |  |
|--|--|--|--------------------------------------|--|
| 1  |  |  | Deputy or Filing Office              | er   |
| DECLARATION AND OATH OF CANDIDACY TO SE F  | ILED WITH SECRETARY OF STATE OR COL    | JNTY ELECTION ADMINIST   | RATOR AS APPLICABL                   | E  |
| Filing for Great Falls Neighborho  | od Council 3                           |  |                                      | X Nonpartisan  |
| office of:  Full name of office including district an  | d/or department numbers if applicable  | Name of Pol  | litical Party                        | Nonpartisan  |
|  |  |  |                                      |  |
| Candidate Name (printed exactly as it shoul  | d appear on the ballot):Eric P         | eterson  |                                      |  |
| 932 Avenue D N V   |  | Grea   | at Falls                             | 59404  |
| Street or PO Box   |  | City   |                                      | Zip  |
| Residence Address: 932 Avenue D  | N.W.                                   | Grea   | t Falls                              | Montana  |
| Street   |  | City   | erer se jos spragos j                | Zip  |
| County of Residence: Cascade   | Home/Mobile P                          | hone: 406-454-89   | 13 Work Ph                           | none:  |
|  |  |  |                                      |  |
| Email Address:NC3.eric.peter   | Son@gmail.com Webs                     | site Address:  |                                      |  |
|  |  |  |                                      |  |
| F THIS DECLARATION IS FOR THE OFFICE OF GOVE   |  | OWING INFORMATION  |                                      |  |
| Lieutenant Governor Name (printed exactly  |  |  |                                      |  |
| Mailing Address:   | Re                                     | sidence Address:   |                                      |  |
| Phone: Email Address:  | W                                      | ebsite Address:  | *                                    |  |
| F THIS DECLARATION IS FOR THE STATE LEGISLAT   |  |  |                                      |  |
| of the Secretary of State in writing whe FILING FEE — FEE MUST BE PAID BEFORE FILING IS  Candidate Filing Fee, if applicable, in the | VALID                                  | hereby submitted with  | this Declaration a                   | nd Oath of Candidacy.  |
| DATH OF CANDIDACY - CANDIDATE MUST SIGN IN   | THE PRESENCE OF A NOTARY PUBLIC C      | OR AN OFFICER OF THE OF  | FICE WHERE THIS FO                   | RM IS FILED:   |
| hereby affirm that I possess, or will posses.  |  |  |                                      | THE RESIDENCE STREET SHALL SHEET |
| the United States and the State of Montana   | I.                                     |  |                                      |  |
|  |  | 4 M  | 1505 M                               |  |
| Signature of Candidate   |  | Date   |                                      |  |
| NOTARY PUBLIC OR AUTHORIZED OFFICER  |  |  |                                      |  |
| State of Montana   |  |  |                                      |  |
| County of Cascade  | 4-                                     |  | C 8                                  |  |
| signed and sworn to before me this   | day of                                 | 20 21 by   | ENC PETERSON                         | 16 111   |
| Where to file for Federal, Statewide,  |  |  | Printed Name                         | e of Candidate   |
| State District and Legislative offices:  |  | Trista   | Karole                               |  |
| Montana Secretary of State   | Signature of Notary or Public Official |  |                                      |  |
| State Capitol, 2 <sup>nd</sup> Floor, Room 260   |  | Signature of Not   | 1.01 (2.1 (1 / 1/24) (2.2 (1 / 1/24) |  |
| PO Box 202801  |  |  | Triston 1                            |  |
| Helena, MT 59620-2801 Online: scs.mt.gov   | TRISTON                                | N KANODE   |                                      | of Notary Public   |
| By Fax: 406-444-2023   | NOTARY P                               | UBLIC for the f Montana  | Notary Public f                      | or the State of Montana  |
| Where to file for County, City and   | * SFAL * Resi                          | ding at  |                                      |  |
| most Local District offices:   | Great Fal                              | ls, Montana<br>ssion Expires   | Residing at:                         |  |
| A list of county election offices may  | January                                | 27, 2025   | My commission                        | n expires:, 20   |
| be found at: sos.mt.gov/elections  | SEAL/STA                               | THE RESIDENCE OF THE PARTY OF T |                                      |  |